# CHAPTER 24
# ACCREDITATION OF PROVIDERS OF SERVICES TO PERSONS WITH MENTAL ILLNESS, MENTAL RETARDATION, AND DEVELOPMENTAL DISABILITIES

## PREAMBLE

The mental health and developmental disabilities commission has established this set of standards to be met by all mental health and mental retardation organizations and services that are not licensed by the department of inspections and appeals and that are required to meet specific standards for the organizations and services under the authority of the commission.

The mental health and developmental disabilities commission has established this set of standards to be met by community mental health centers, mental health services providers, case management providers and supported community living providers in accordance with Iowa Code chapter 225C. The commission's intent is to establish standards that are based on the principles of quality improvement, that are designed to facilitate the provision of excellent quality services that lead to positive outcomes, that make organizations providing services responsible for effecting efficient and effective management and operational systems that enhance the involvement of consumers and that establish a best practices level of performance by which to measure provider organizations. The standards are to serve as the foundation of a performance-based review of those organizations for which the commission holds accreditation responsibility as set forth in Iowa Code chapters 225C and 230A.

## MISSION OF ACCREDITATION

To ensure consumers and the general public of organizational accountability for meeting best practices performance levels, for efficient and effective management and for the provision of quality services that result in quality outcomes for consumers.

**441—24.1(225C) Definitions.**

"*Accreditation*" means the decision made by the commission that the organization has met the applicable standards. There will be one accreditation award for all the services based upon the lowest score of the services surveyed.

"*Advisory board*" means the board that reviews and makes recommendations to the organization's board of directors on the program being accredited. The advisory board meets at least three times a year and has at least three members, at least 51 percent of whom are not providers. The advisory board includes representatives who have disabilities or family members of persons with disabilities. The advisory board's duties include review and recommendation of policies, development and review of the organization plan for the program being accredited, review and recommendation of the budget for the program being accredited, and review and recommendation of the total quality improvement program of the program being accredited.

"*Anticipated discharge plan*" means the general statement of the condition or circumstances by which the consumer would no longer need services.

"*Appropriate*" means the degree to which the services or supports or activities provided or undertaken by the organization are relevant to the consumer's needs, situation, problems, or desires.

"*Assessment*" means the review of the consumer's current functioning in regard to the consumer's situation, needs, strengths, abilities, desires and goals.

*"Benchmarks"* are defined as best practices or competencies of excellent quality organizations producing excellent quality services and outcomes.

*"Board of directors"* means the board that provides oversight, guidance, and policy direction for the operation of the program being accredited. The board shall have at least three members. Organization staff shall not constitute the majority of members of the board.

*"Case management services"* means those services established pursuant to Iowa Code chapter 225C.

*"Chronic mental illness"* means the same as serious and persistent mental illness for the purposes of these standards.

*"Commission"* means the mental health and developmental disabilities commission (MH/DD commission) as established and defined in Iowa Code chapter 225C.

*"Community"* means a natural setting where consumers live, learn, work, and socialize.

*"Community mental health center"* means an organization providing mental health services which is established pursuant to Iowa Code chapters 225C and 230A.

*"Consultation services"* means case, program and community levels of professional assistance and information to increase the skill level and effectiveness of services being provided by other service organizations or groups.

*"Consumer"* means a person who uses the services of the organization.

*"Credentialed staff"* or *"staff who have been credentialed"* means staff who have completed the organization credential verification process.

*"Credential verification process"* means the process used by the organization to define the qualifications of education, training and experience required for each staff position, and the procedures for verifying that staff in the positions meet those qualifications.

*"Crisis intervention plan"* means a personalized, individualized plan developed with the consumer that identifies potential personal psychiatric, environmental and medical emergencies. This plan shall also include how the consumer will access emergency services and professional and natural supports.

*"Deemed status"* means acceptance by the commission of accreditation or licensure of a program or service by another accrediting body in lieu of accreditation based on review and evaluation by the division (as outlined in accreditation procedures).

*"Department"* means the Iowa department of human services.

*"Direct services"* means services involving direct interaction with a consumer such as transporting a consumer or providing therapy, habilitation, or rehabilitation activities.

*"Division"* means the division of mental health and developmental disabilities of the department of human services.

*"Doctor of medicine or osteopathic medicine"* means a person who is licensed in the state of Iowa to practice medicine as a medical physician under Iowa Code chapter 148 or as an osteopathic doctor under Iowa Code chapter 150A.

*"Education services"* means professional information, training, assistance, and referral services provided to the general public, to individual persons and to organizations about mental illness and mental health, the promotion of prevention services, and skill training for organizations.

*"Functional assessment"* means the assessment of the consumer's level of effectiveness in the activities and decision making required by daily living situations. The functional assessment also takes into consideration consumer strengths, stated needs, and level and kind of disability.

*"Human services field"* means a post-high school course of study resulting in a degree from an accredited four-year college in a field of study which includes, but is not limited to, psychiatry, psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy.

*"Indicators"* are defined as conditions that will exist when the activity is done competently and benchmarks are achieved. They also provide a means to assess the activity's effect on outcomes of services.

*"Informed consent"* refers to time-limited, voluntary consent. The consumer or legal guardian may withdraw consent at any time without risk of punitive action. The consumer or legal guardian has the opportunity to ask and have questions satisfactorily answered. Informed consent includes a description of the treatment and specific procedures to be followed, the intended outcome or anticipated benefits, the rationale for use, the risks of use and nonuse, and the less restrictive alternatives considered.

*"Intensive psychiatric rehabilitation services"* means services designed to restore, improve, or maximize level of functioning, self-care, responsibility, independence, and quality of life and to minimize impairments, disabilities, and disadvantages of persons with a disabling mental illness. Services are focused on improving personal capabilities while reducing the harmful effects of psychiatric disability and resulting in consumers' recovering the ability to perform a valued role in society.

*"Leadership"* means the governing board, the chief administrative officer or executive director, managers, supervisors, and clinical leaders who participate in developing and implementing organizational policies, plans and systems.

*"Marital and family therapist"* means a person who is licensed under Iowa Code chapter 154D in the application of counseling techniques in the assessment and resolution of emotional conditions. This includes the alteration and establishment of attitudes and patterns of interaction relative to marriage, family life, and interpersonal relationships.

*"Mental health counselor"* means a person who is licensed under Iowa Code chapter 154D in counseling services involving assessment, referral, consultation, and the application of counseling, human development principles, learning theory, group dynamics, and the etiology of maladjustment and dysfunctional behavior to individuals, families, and groups.

*"Mental health professional"* means a person who meets all of the following conditions:

1. Holds at least a master's degree in a mental health field including, but not limited to, psychology, counseling and guidance, psychiatric nursing and social work; or is a doctor of medicine (MD) or doctor of osteopathic medicine and surgery (DO); and
2. Holds a current Iowa license when required by the Iowa licensure law; and
3. Has at least two years of postdegree experience supervised by a mental health professional in assessing mental health problems, mental illness and needs of persons and in providing appropriate mental health services for those persons.

*"Mental health treatment services"* are those activities, programs, or services which include, but are not limited to, diagnosis, evaluation, psychotherapy, and psychosocial rehabilitation provided to persons with mental health problems, mental illness, or disorders and the stabilization, amelioration, or resolution of the problems, illness, or disorder.

*"Mental retardation"* means a diagnosis of mental retardation under these rules which shall be made only when the onset of the person's condition was prior to the age of 18 years and shall be based on an assessment of the person's intellectual functioning and level of adaptive skills. A psychologist or psychiatrist who is professionally trained to administer the tests required to assess intellectual functioning and to evaluate a person's adaptive skills shall make the diagnosis. A diagnosis of mental retardation shall be made in accordance with the criteria provided in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, published by the American Psychiatric Association.

*"Natural supports"* means those services and supports identified as wanted or needed by the consumer provided by persons not for pay (family, friends, neighbors, and others in the community) and organizations or entities that serve the general public.

*"Organization"* means the entity being accredited under 441—Chapter 24 that is a governmental entity or is an entity that meets Iowa Code requirements for a business organization as a for-profit or not-for-profit business including, but not limited to, a business corporation under Iowa Code chapter 490 or a nonprofit corporation under Iowa Code chapter 504A. "Organization" does not mean an individual for whom a license to engage in a profession is required under Iowa Code section 147.2 or any individual providing a service if the individual is not organized as a corporation or other business entity recognized under Iowa Code.

*"Outcome"* means the result of the performance or nonperformance of a function or process or activity.

*"Persons with a chronic mental illness"* means persons aged 18 and over with a persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment. Persons with chronic mental illness typically meet at least one of the following criteria:

1. Have undergone psychiatric treatment more intensive than outpatient care, more than once in a lifetime (e.g., emergency services, alternative home care, partial hospitalization or inpatient hospitalization).
2. Have experienced at least one episode of continuous, structured supportive residential care other than hospitalization.

In addition, these persons typically meet at least two of the following criteria, on a continuing or intermittent basis for at least two years:

- Are unemployed, or employed in a sheltered setting, or have markedly limited skills and a poor work history.
- Require financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help.
- Show severe inability to establish or maintain a personal social support system.
- Require help in basic living skills.
- Exhibit inappropriate social behavior that results in demand for intervention by the mental health or judicial system.

In atypical instances, a person who varies from the above criteria could still be considered to be a person with chronic mental illness.

*"Persons with developmental disabilities"* means persons with a severe, chronic disability which:

1. Is attributable to mental or physical impairment or a combination of mental and physical impairments.
2. Is manifested before the person attains the age of 22.
3. Is likely to continue indefinitely.
4. Results in substantial functional limitation in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
5. Reflects the person's need for a combination and sequence of services which are of lifelong or extended duration and are individually planned and coordinated, unless this term is applied to infants and young children from birth to the age of five inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

*"Procedures"* means the steps to be taken to implement the policies of the organization.

*"Program"* means a set of related resources and services directed to the accomplishment of a fixed set of goals for the population of a specified geographic area or for special target populations.

*"Provider of other mental health services"* means an organization whose services are established to specifically address mental health services to individuals or the administration of facilities in which these services are provided. Organizations included are those that are contracting with a county board of supervisors to provide mental health services in lieu of that county's affiliation with a community mental health center (Iowa Code chapter 230A) and those that may contract with a county board of supervisors for special services to the general public or special segments of the general public and that are not accredited by any other accrediting body. These standards do not apply to individual practitioners or partnerships of practitioners who are covered under professional licensure laws.

*"Psychiatric nurse"* means a person who meets the requirements of a certified psychiatric nurse and is eligible for certification by the American Nursing Association and licensed by the state of Iowa to practice nursing as defined in Iowa Code chapter 152.

*"Psychiatric rehabilitation practitioner"* means a person who holds a graduate degree in rehabilitation counseling, mental health counseling, psychology, social work, nursing, or medicine and has at least two years' experience working in a psychiatric rehabilitation program or has at least 60 contact hours of training in psychiatric rehabilitation; or a person who holds a bachelor's degree in one of the above areas and has both at least two years of experience working in a psychiatric rehabilitation program and at least 60 contact hours of training in psychiatric rehabilitation.

*"Psychiatrist"* means a doctor of medicine or osteopathic medicine and surgery who is certified by the American Board of Psychiatry and Neurology or who is eligible for certification and who is fully licensed to practice medicine in the state of Iowa.

*"Psychologist"* means a person who is licensed to practice psychology in the state of Iowa, or who is certified by the Iowa department of education as a school psychologist, or is eligible for certification, or meets the requirements of eligibility for a license to practice psychology in the state of Iowa as defined in Iowa Code chapter 154B.

*"Qualified case managers and supervisors"* means persons who have the following qualifications: (1) a bachelor's degree with 30 semester hours or equivalent quarter hours in a human services field and at least one year of experience in the delivery of services to the population groups they serve, or (2) an Iowa license to practice as a registered nurse and at least three years of experience in the delivery of services to the population groups they serve. Persons employed as case management supervisors on or before August 1, 1993, who do not meet these requirements shall be considered to meet these requirements as long as they are continuously employed by the same case management provider.

*"Qualified in a human services field"* means holding at least a bachelor's degree from an accredited four-year college with a major or at least 30 semester hours or its equivalent in human services. Fields of study which qualify as "human-service-related fields" include, but are not limited to: psychiatry, psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy.

*"Registered nurse"* means a person who is licensed to practice nursing in the state of Iowa as defined in Iowa Code chapter 152.

*"Rehabilitation services"* means services designed to restore, improve, or maximize the individual's optimal level of functioning, self-care, self-responsibility, independence and quality of life and to minimize impairments, disabilities and dysfunction caused by a serious and persistent mental or emotional disability.

*"Service plan"* means an individualized goal-oriented plan of services written in language understandable by the consumer and developed for a consumer by the consumer and with the organization.

*"Social worker"* means a person who is licensed to practice social work in the state of Iowa as defined in Iowa Code chapter 154C.

*"Staff"* means a person paid by the organization to perform duties and responsibilities defined in the organization's policies and procedures.

*"Supported community living services"* means those services provided to individuals with a mental illness, mental retardation, or developmental disability to assist them in living, learning, working and socializing in the community. They include the provision of or arrangement for personal and environmental supports, assistance and referral in meeting basic human needs, the provision of or arrangement for family and community support, and education, coordination and development of local support systems. These services are intended to be provided in the individual's home or other natural community environment.

**441—24.2(225C) Standards for policy and procedures.** The organization has written policy direction for the program being accredited.

**24.2(1)** *Performance benchmark.* The organization has a current policy and procedures manual with policy guidelines and administrative procedures for all organizational activities and services specific to its organization.

**24.2(2)** *Performance indicators.*

*a.* The policies and procedures in the manual are current and meet the requirements in this division.

*b.* The policies and procedures manual is made available to all staff. The policies and procedures reflect current organizational activities and practices.

**441—24.3(225C) Standards for organizational activities.**

**24.3(1)** *Organization of service systems.*

*a. Performance benchmark.* The organization designs and structures the activities and systems of services to maximize coordination and facilitate continuity and comprehensiveness of services to a consumer.

*b. Performance indicators.*

(1) The consumer's admission to an appropriate level of service is based on an assessment of the consumer's needs, desires and abilities, and the organization's capability to provide the services.

(2) The organization has established and documented the necessary admission information to determine the consumer's eligibility for participation in the service.

(3) Information is provided to the consumer and, when appropriate, family and significant others about the nature of the services to be provided and the consumer's rights, choices, and responsibilities.

(4) Continuity of services occurs through coordination among the staff and professionals providing services to the consumer. Coordination of services through linkages with other settings and providers has occurred, as appropriate.

(5) Referral, transfer, or discharge of the consumer to another level of services or provider, or termination of services, is based upon the consumer's assessed needs, abilities, situation and desires, and is planned and coordinated.

(6) A written discharge summary is included in each consumer record at the time of discharge.

**24.3(2)** *Consumer rights.*

*a. Performance benchmark.* Each consumer is recognized and respected in the provision of services, in accordance with basic human, civil and statutory rights.

*b. Performance indicators.*

(1) Services are provided in ways that respect and enhance the consumer's sense of autonomy, privacy, dignity, self-esteem and involvement in the consumer's own treatment. Language barriers, cultural differences, and cognitive deficits are taken into consideration, and provisions are made to facilitate meaningful consumer participation.

(2) Requirements and expectations for participation in the service program are defined by the organization and staff providing the services.

(3) The organization has a mechanism established to protect the consumers and ensure their rights during any activities, procedure or research that requires informed consent.

(4) The organization informs the consumer about the consumer's rights and provides an avenue to express questions, concerns, complaints or grievances about any aspect of the consumer's service.

(5) The organization provides the consumers and their guardians the right to appeal the application of policies, procedures, or any staff action that affects the consumer. The provider has established written appeal procedures and a method to ensure that the procedures and appeal process are available to consumers.

(6) The organization has implemented procedures to ensure that the procedures and appeal process are available.

(7) All consumers, their legal representatives, or other persons authorized by law have access to the consumer's record in accordance with state and federal laws and regulations.

**24.3(3)** *Performance improvement system.*

*a. Performance benchmark.* The organization has a systematic, organizationwide, planned approach to designing, measuring, evaluating, and improving the level of its performance.

*b. Performance indicators.*

(1) Organization leaders provide the direction, resources, and training to facilitate quality assessment and improvement activities on an organizationwide basis.

(2) There is a systematic process of identifying, collecting, and assessing information and data which is used to measure the organization's level of performance, identify priority areas for improvement, design and assess new systems, and evaluate levels of improvement resulting from a change in existing systems.

(3) Consumer expectations and perceptions, or those of legal guardians and family, and staff identification of priority areas are included in assessing quality of services and effectiveness of performance.

(4) Measurement of organization and consumer-focused outcomes is carried out to assess effectiveness of performance and determine areas where services or systems may need improvement.

(5) Data is gathered about consumer achievements and outcomes so that effectiveness of interventions is measured and monitored.

(6) Performance improvement activities involve all staff and represent all areas and levels of organizational functioning.

(7) Performance improvement activities involve consumers served by the organization and their legal guardians and family members as appropriate.

**24.3(4)** *Leadership.*

*a. Performance benchmark.* Organizational leaders provide the framework for the planning, designing, directing, coordination, provision and improvement of services that are responsive to the consumers and the community served by the organization.

*b. Performance indicators.*

(1) There are clearly articulated mission and values statements that are reflected in the long-range organizational plans and in organization policies.

(2) The annual and long-range budgeting process involves appropriate governing and managing levels of leadership and reflects the organization mission and values. An annual financial audit is done by an independent auditor or as provided by law.

(3) The organization establishes a board of directors or advisory board.

(4) The organization's decision-making process, including policy decisions affecting the organization, reflects involvement of the various levels of leadership and responsiveness to staff.

(5) Organization leaders solicit input from leaders of the various community and consumer groups served by the organization in designing responsive service delivery systems.

(6) The leaders develop and implement a service system appropriate to the needs of the consumers served by the organization.

(7) The organization leaders structure and support a method of performance improvement that ensures that internal systems and activities throughout the organization are measured, assessed and improved on an ongoing basis.

(8) Organization leaders make educational information and service consultation available to community groups and resources.

**24.3(5)** *Management information system.*

*a. Performance benchmark.* Information is obtained, managed and used in an efficient and effective method to document, enhance and improve organizational performance and service delivery to the consumers.

*b. Performance indicators.*

(1) The organization has provided for the security, confidentiality and integrity of all data information including consumer records.

(2) The organization has a system of consumer records, maintained on a current basis, for the organization, compilation, documentation, and maintenance of all individual consumer-specific information related to the provision and outcomes of services and treatments provided to the consumer.

(3) The organization provides opportunities to obtain information to use in planning, designing, managing and improving consumer services and organizational systems.

(4) The organization gathers information and data is captured, analyzed and available to facilitate the following performance improvement activities: decision making, service delivery, and performance improvement.

**24.3(6)** *Human resources.*

*a. Performance benchmark.* The organization provides credentialed staff in order to support the organization's mission and facilitate the provision of quality services to consumers.

*b. Performance indicators.*

(1) Qualifications and competencies are defined commensurate with the specific job responsibilities and applicable licensure laws, and a credentialing review process is established to ensure compliance. Copies of applicable licenses and degrees shall be included in personnel records.

(2) There is a system to ensure that the demonstrated performance and competency of all staff within their job responsibilities are assessed regularly, with provisions made for ongoing improvement goals, and for supervision or peer review.

(3) Ongoing in-service and other learning and educational opportunities are made available to and used by staff to maintain and improve staff competency levels. New staff receive initial orientation, information, and training which includes adult and child abuse mandatory reporter requirements and confidentiality training. Training on confidentiality and on reporting of child and dependent adult abuse and neglect shall be documented in personnel records.

(4) The organization has established and implemented a code of ethics for all staff. The personnel records shall have documentation that the current code of ethics has been reviewed with each staff member. The organization ensures that the following issues are addressed: confidentiality, consumer rights, professional and legal issues and statutory obligations in providing services to consumers.

**24.3(7)** *Organizational environment.*

*a. Performance benchmark.* Services are provided in an organizational environment that is safe and supportive for the consumers being served and the staff providing services.

*b. Performance indicators.*

(1) The environment enhances the self-image of the consumer and preserves the consumer's dignity, privacy, and self-development.

(2) The environment is safe and accessible and meets all applicable local, state, and federal regulations.

(3) The processes that service and maintain the environment and the effectiveness of the environment are reviewed within the organization's monitoring and improvement system.

(4) Procedures for interventions are established for situations in which a consumer may be involved in behavior that presents significant risk to the consumer or others. The interventions also ensure that the consumer's rights are protected and that due process is afforded.

(5) Risk management situations are reviewed by the organization's performance improvement system for necessity, appropriateness, effectiveness and prevention.

(6) The organization has a mechanism that addresses the safe storage, provision, and administration of medication when used within the service environment in accordance with state and federal regulations.

**441—24.4(225C) Standards for services.** The standards in subrules 24.4(1) through 24.4(6) shall be reviewed as part of the review for each specific service set forth in subrules 24.4(7) through 24.4(14).

**24.4(1)** *Clinical records.*

*a. Performance benchmark.* Each clinical record shall include a social history, assessment, consumer service plan, and documentation of service provision.

*b. Performance indicators.*

(1) Essential information is kept current.

(2) Records reflect the input of the consumer served.

**24.4(2)** *Social history.*

*a. Performance benchmark.* The social history shall include relevant historical information regarding the familial, physical, psychosocial, behavioral, environmental, social functioning, cultural and legal aspects of the consumer's life.

*b. Performance indicators.*

(1) Relevant historical information is collected and documented.

(2) The social history is developed and completed by staff credentialed in accordance with organization policy and procedure and appropriate professional standards of practice.

(3) The social history is updated at least annually.

(4) Family and significant others as desired by the consumer are involved, as appropriate, in developing the social history.

**24.4(3)** *Assessment.*

*a. Performance benchmark.* A written assessment is developed that is the basis for the services provided to the consumer. The assessment includes information about the consumer's current situation, needs, problems, wants, abilities and desired results.

*b. Performance indicators.*

(1) Staff credentialed in accordance with organization policy and procedure and appropriate professional standards of practice complete the assessment.

(2) Decisions regarding level, type and immediacy of services to be provided, or need for further assessment or evaluation, are based upon the analysis of the information gathered in the assessment and with the consumer's involvement.

(3) Assessments of children reflect developmental history and needs.

(4) Collateral provider information should be solicited as appropriate to the individual situation in order to compile a comprehensive and full assessment.

(5) Each consumer is reassessed at least annually during the course of services to determine the consumer's response to interventions and when a significant change occurs in the consumer's functioning, presenting problem, needs, or desires. The reassessment shall be documented in a written format.

(6) Consumers with a diagnosis of a serious and persistent mental illness must have this diagnosis supported by a psychiatric or psychological evaluation conducted by a qualified professional, and documentation of the diagnosis shall be contained in the consumer record.

(7) Documentation supporting the diagnoses of a developmental disability by professionals shall be in the consumer record.

**24.4(4)** *Consumer service plan.*

*a. Performance benchmark.* Individualized, planned and appropriate services are guided by an individual-specific service plan developed in collaboration with the consumer, significantly involved others as appropriate, and staff. Services are planned and directed to where the consumers live, learn, work, and socialize.

*b. Performance indicators.*

(1) The service plan is based on the current assessment.

(2) The service plan identifies observable or measurable consumer goals and action steps to meet the goals.

(3) The service plan includes interventions and supports needed to meet those goals with incremental time lines.

(4) The service plan includes the persons or organizations responsible for carrying out the interventions or supports.

(5) Services defined in the service plan are appropriate to the severity level of problems and specific needs or disabilities and related to desired consumer outcomes.

(6) The plan reflects consumer desires and involves other organizations and individuals as appropriate.

(7) The selection and wording of the goals and desired outcomes reflect consumer collaboration.

(8) Activities identified in the service plan encourage the consumer's ability and right to make choices, to experience a sense of achievement, and to modify or continue the consumer's participation in the treatment process.

(9) Staff monitor the service plan with review occurring regularly. At least annually, the service plan is assessed and revised to determine achievement, continued need or change in goals or intervention methods. The review includes the consumer with the involvement of significant others as appropriate.

(10) A separate, individualized, anticipated discharge plan is developed as part of the individualized service plan.

(11) The service plan shall include documentation of any rights restrictions with a plan to restore those rights or a reason why a plan is not needed.

**24.4(5)** *Documentation of service provision.*

*a. Performance benchmark.* Individualized and appropriate intervention services and treatments are provided in ways that support the needs, desires, and goals identified in the service plan, and that respect consumers' rights and choices.

*b. Performance indicators.*

(1) All interventions respect and enhance the consumer's abilities and dignity, encourage the development of a sense of achievement, and allow the consumer to choose to continue or to modify the consumer's participation in the treatment process.

(2) Responsible staff monitor and document the provision of the intervention services, the consumer's response to those services, and the outcomes of the services provided. This documentation shall be in a written, legible, narrative format in accordance with organizational procedures.

(3) Staff who are credentialed in accordance with organization policy and procedure, who meet relevant standards of practice, and who function within an authorized scope of practice provide intervention services.

(4) Services provided to consumers reflect current practice and knowledge levels.

**24.4(6)** *Confidentiality and legal status.* The benchmark for confidentiality and legal status applies to all clinical records.

*a. Performance benchmark.* Information regarding a consumer is recognized and respected as confidential.

*b. Performance indicators.*

(1) The organization shall obtain written consent from the consumer, the consumer's legal guardian, or other persons authorized by law for the release of personal identifying information.

(2) Refusal by the consumer to authorize the release of personal identifying information is not an automatic reason for denial of services.

(3) Personal identifying information is released or disclosed only in accordance with existing federal and state laws and regulations.

(4) There shall be documentation of legal status including a copy of guardianship papers, probation, commitment or other court orders if applicable.

**24.4(7)** *Providers of case management.* Case management is a service that assists service recipients in gaining access to appropriate living environments, needed medical services, and interrelated social, vocational, and educational services. Consumers receive case management services from qualified, supervised case managers. Case management providers in this chapter shall meet the guidelines set forth in the Iowa Medicaid state plan.

Case management services link consumers to service agencies and support systems responsible for providing the necessary direct service activities and coordinate and monitor those services. Case managers shall not provide direct services. Within an accredited case management program, the average caseload shall be no more than 45 consumers per case manager.

*a. Performance benchmark.* Consumers are enabled to live, learn, work, and socialize as independently as possible in a community setting through the receipt of skill enhancement services that are coordinated and monitored.

*b. Performance indicators.*

(1) Consumers are part of a team composed of, at a minimum, the case manager and organizations or natural supports relevant to the consumer's service needs. In addition, the team may include family at the discretion of the consumer.

(2) The team works with the consumer to establish the service plan which guides and coordinates the delivery of the services.

(3) The case manager advocates for the consumer.

(4) The case manager coordinates the services. Face-to-face meetings with the consumer must be held at least quarterly.

(5) The case manager monitors the services but does not provide direct services.

(6) Consumers are linked to appropriate resources, which shall provide necessary direct services and natural supports.

(7) Consumers participate in developing an individualized crisis intervention plan.

(8) Consumers are facilitated to exercise choice, make decisions, and take risks that are a typical part of life and fully participate as members in the community.

(9) Documentation shows consumer input on choosing goals.

(10) Documentation shows consumers are informed about their choice of providers as provided in the county management plan.

**24.4(8)** *Day treatment.* Day treatment is an individualized service emphasizing mental health treatment and rehabilitation activities designed to increase the consumer's ability to function independently or facilitate transition from residential placement. Individual and group treatment and rehabilitation services are used based on consumer needs and identified behavioral or mental health issues. A mental health professional provides the mental health treatment services. Supervision of staff and services is done by a mental health professional.

*a. Performance benchmark.* Consumers who are experiencing a significantly reduced ability to function in the community are stabilized and improved by the receipt of mental health treatment services and in-home support services, and the need for residential or inpatient placement is alleviated.

*b. Performance indicators.*

(1) Consumers participate with the staff in identifying the problem areas to be addressed and the goals to be achieved that are based on the consumer's need for services.

(2) Consumers receive individualized services designed to focus on those identified mental health or behavioral issues that are causing the significant impairment in their day-to-day functioning.

(3) Consumers who receive day treatment services receive a comprehensive and integrated schedule of recognized individual and group treatment and rehabilitation services at least three hours per day, three days per week for an identified period of time.

(4) Consumers and staff review the consumer's progress in resolving problems and achieving goals on a frequent and regular basis.

(5) Consumers receive services appropriate to defined need and current risk factors.

(6) Consumers receive services from staff who are appropriately qualified and trained to provide the range and intensity of services required by the specific problems or disabilities of the consumer. A mental health professional provides or directly supervises the provision of treatment services.

(7) Consumers participate in discharge planning which focuses on coordinating and integrating consumer, family, and community and organization resources.

(8) Family members of consumers are involved in the planning and provision of services as appropriate and as desired by the consumer.

**24.4(9)** *Intensive psychiatric rehabilitation services.* Intensive psychiatric rehabilitation services are individualized services emphasizing mental health treatment, intensive psychiatric rehabilitation services and in-home support services designed to increase the consumer's ability to function independently and to prevent or reduce the need for services in a hospital or residential setting. A mental health professional provides the mental health treatment services. Intensive psychiatric rehabilitation services are provided by or under the supervision of a psychiatric rehabilitation practitioner or a mental health professional who has been trained as a rehabilitation practitioner.

*a. Performance benchmark.* Consumers who are experiencing a significantly reduced ability to function in the community are stabilized and improved by the receipt of intensive psychiatric rehabilitation, mental health treatment services and in-home support services, and the need for residential or inpatient placement is alleviated.

*b. Performance indicators.*

(1) Consumers participate with the organization staff in identifying the problem areas to be addressed and the goals to be achieved.

(2) Consumers receive individualized services designed to focus on those identified mental health needs, functional needs and support needs that are causing the significant impairment in their day-to-day functioning.

(3) Whenever possible, intensive psychiatric rehabilitative services should be provided in natural settings where people live, work, learn, and socialize.

(4) Consumers and staff review their progress in resolving problems and achieving goals on a frequent and regular basis.

(5) Consumers receive services appropriate to defined need and current risk factors.

(6) Consumers receive services from staff who are appropriately qualified and trained to provide the range and intensity of services required by the specific problems or disabilities of the consumer. A mental health professional provides or directly supervises the provision of treatment services. A mental health professional or a psychiatric rehabilitation practitioner provides or supervises the provision of rehabilitation and support services.

(7) Consumers participate in discharge planning which focuses on coordinating and integrating consumer, family, and community and organization resources.

(8) Significantly involved others are involved with the consumer in the planning and provision of services as appropriate and as desired by the consumer.

(9) Consumers receive four to ten hours per week of recognized individual and group treatment and rehabilitation services with an emphasis on individual services. Individual in-home support services may also be provided. All services are provided for an identified period of time.

(10) An increase in motivational readiness to choose valued roles and environments is documented in each consumer's file.

(11) Increases in skill competency are documented in each consumer's file.

(12) Increases in the use of critical resources are documented in each consumer's file.

(13) The achievement of chosen rehabilitation goals is documented in each consumer's file.

(14) Satisfaction with services is documented in each consumer's file.

(15) Satisfaction with chosen roles and environments is documented in each consumer's file.

(16) Positive changes in environmental status such as getting a job, moving to a more independent living arrangement, enrolling in an education program, and joining a community group are achieved by consumers and are documented in each consumer's file.

(17) A decrease in the need for and use of psychiatric inpatient services is documented in each consumer's file.

**24.4(10)** *Supported community living services.* Supported community living services are those services and supports determined necessary to enable consumers with a mental illness, mental retardation, or a developmental disability to live, learn, work, and socialize in a community setting. Services are consumer individualized, need and abilities focused, and organized according to the following components, which are to be provided by organizational staff or through linkages with other resources: outreach to appropriate support or treatment services; assistance and referral in meeting basic human needs; assistance in housing and living arrangements; mental health treatment; crisis intervention and assistance; social and vocational assistance; support, assistance, and education to the consumer's family and to the community; protection and advocacy; coordination and development of natural support systems; and service coordination. Services are directed to enhancing the consumer's ability to regain or attain higher levels of independence, or to maximize current levels of functioning.

*a. Performance benchmark.* Consumers with disabilities live, learn, work, and socialize in the community.

*b. Performance indicators.*

(1) Consumers receive services within their home and community setting based on need, desire and mutually identified problem areas.

(2) Consumers participate in a functional assessment at intake to assist in defining areas of service need and establishing a service plan. The functional assessment shall be summarized in a narrative that describes the consumer's current level of functioning in the areas of living, learning, working, and socialization. Functional assessments are reviewed on a regular basis to determine progress.

(3) Consumers with a mental illness have a current psychiatric evaluation contained in the consumer record.

(4) Consumers with a diagnosis of mental retardation must have this diagnosis supported by a psychological evaluation conducted by a qualified professional, and documentation of the diagnosis shall be contained in the consumer record.

(5) Documentation supporting the diagnosis of a developmental disability by professionals shall be in the consumer record.

(6) Consumers receive support services directed to enabling them to regain or attain higher levels of functioning or to maximize current functioning.

(7) Natural support systems identified by the consumers receive education and consultation services from staff.

(8) Services are delivered on an individualized basis in the place where the consumer lives or works. Supported community living is not part of an organized mental health support or treatment group. Skill training groups can be one of the activities in the service plan and part of supported community living. They cannot stand alone as a supported community living service.

(9) Documentation is in the consumer file that natural supports outside the organization are accessed.

(10) Consumers participate in developing a detailed individualized crisis intervention plan.

**24.4(11)** *Partial hospitalization services.* Partial hospitalization services are active treatment programs providing intensive group and individual clinical services within a structured therapeutic environment for those consumers who are exhibiting psychiatric symptoms of sufficient severity to cause significant impairment in day-to-day functioning. Short-term outpatient crisis stabilization and rehabilitation services are provided to avert hospitalization or to transition from an acute care setting. Services are supervised and managed by a mental health professional, and psychiatric consultation is routinely available. Clinical services are provided by a mental health professional.

*a. Performance benchmark.* Consumers who are experiencing serious impairment in day-to-day functioning due to severe psychiatric distress are enabled to remain in their community living situation through the receipt of therapeutically intensive milieu services.

*b. Performance indicators.*

(1) Consumers and staff mutually develop an individualized service plan that focuses on the behavioral and mental health issues and problems identified at admission. Goals are based on the consumer's need for services.

(2) Consumers receive clinical services that are provided and supervised by mental health professionals. A licensed and qualified psychiatrist provides psychiatric consultation and medication services.

(3) Consumers receive a comprehensive schedule of active, planned and integrated psychotherapeutic and rehabilitation services provided by qualified professional staff at least four hours per day, four days per week.

(4) Consumers receive group and individual treatment services that are designed to increase their ability to function independently.

(5) Consumers are involved in the development of an anticipated discharge plan that includes linkages to family, provider, and community resources and services.

(6) Consumers have sufficient staff available to ensure their safety, to be responsive to crisis or individual need, and to provide active treatment services.

(7) Consumers receive services commensurate with current identified risk and need factors.

(8) Support systems identified by consumers are involved in the planning and provision of services and treatments as appropriate and desired by the consumer.

**24.4(12)** *Outpatient psychotherapy and counseling services.* Outpatient psychotherapy and counseling services are dynamic processes in which the therapist uses professional skills, knowledge and training to enable consumers to realize and mobilize their strengths and abilities; take charge of their lives; and resolve their issues and problems. Psychotherapy services may be individual, group, or family, and are provided by a person meeting the criteria of a mental health professional, or a person with a master's degree in a mental health field who is directly supervised by a mental health professional.

*a. Performance benchmark.* Consumers realize and mobilize their own strengths and abilities to take control of their lives in the areas where they live, learn, work, and socialize.

*b. Performance indicators.*

(1) Consumers are prepared for their role as a partner in the therapeutic process at intake where they define their situation, evaluate those factors that affect their situation, and establish desired problem resolution. Psychiatric services and medical management are available to the consumer.

(2) Psychiatric and psychopharmacological services are available as needed by the consumer.

(3) Current and future treatment goals and interventions and supports mutually agreed to by the consumer and the therapist shall be documented in the initial assessment and progress notes. A distinct service plan document is not required.

(4) The consumer's status as of the last visit and the reasons for continuation or discontinuation of services are documented in the progress notes. A distinct discharge summary document is not required.

(5) Consumer records shall be subject to an internal quality assurance process and monitored by the organization. Quality assurance activities shall include:

1. A review of the consumer's involvement in and with treatment.
2. Verification that treatment activities are documented and are relevant to the diagnosis or presenting problem.
3. Verification that the mental health professional follows up on consumers who miss appointments.

**24.4(13)** *Emergency services.* Emergency services are crisis services that provide a focused assessment and rapid stabilization of acute symptoms of mental illness or emotional distress, and are available and accessible, by telephone or face-to-face, to consumers on a 24-hour basis. The clinical assessment and psychotherapeutic services shall be provided by a person who holds a master's degree in a mental health field, including, but not limited to, psychology, counseling and guidance, psychiatric nursing, psychiatric rehabilitation, and social work who has training in emergency services and who has access, at least by telephone, to a mental health professional, if indicated; or a person who holds a bachelor's degree in a human services discipline with five years of experience providing mental health services or human services who has training in emergency services and who has access, at least by telephone, to a mental health professional; or a psychiatric nurse with three years of clinical experience in mental health who has training in emergency services and who has access, at least by telephone, to a mental health professional. A comprehensive social history is not required for this treatment.

*a. Performance benchmark.* Consumers receive, when needed, emergency services that provide a focused assessment and rapid stabilization of acute symptoms of mental illness or emotional distress.

*b. Performance indicators.*

(1) Consumers can access 24-hour emergency services by telephone or in person.

(2) Information about how to access emergency services is publicized to facilitate availability of services to consumers, family members, and the public.

(3) Consumers receive assessments and services from either a mental health professional or from personnel who meet the requirements above and are supervised by a mental health professional. Psychiatric consultation is available, if needed.

(4) Consumers receive intervention services commensurate with current identified risk factors.

(5) Significantly involved others of consumers are involved as necessary and appropriate to the situation and as desired by the consumer.

(6) Consumers are involved in the development of postemergency service planning and resource identification and coordination.

**24.4(14)** *Evaluation services.* Evaluation services are screening, diagnosis and assessment of individual and family functioning needs, abilities, and disabilities, and determining current status and functioning in the areas of living, learning, working, and socializing.

*a. Performance benchmark.* Consumers receive comprehensive evaluation services that include screening, diagnosis, and assessment of individual or family functioning, needs and disabilities.

*b. Performance indicators.*

(1) The evaluation shall include recommendations for services and need for further evaluations.

(2) Evaluations shall consider the emotional, behavioral, cognitive, psychosocial, and physical information as appropriate and necessary.

(3) Consumers shall receive comprehensive evaluation services by a mental health professional that include screening, diagnosis, and assessment of individual or family functioning, needs, abilities, and disabilities.

(4) Persons who meet the criteria of a mental health professional shall complete mental health evaluations.

**441—24.5(225C) Accreditation.** The commission shall make all decisions involving issuance, denial, or revocation of accreditation. This accreditation shall delineate all categories of service the organization is accredited to provide. Although an organization may have more than one facility or service site, only one accreditation notice shall be issued to the organization.

**24.5(1)** *Organizations eligible for accreditation.* The commission accredits the following organizations:

*a.* Providers of case management.

*b.* Community mental health centers.

*c.* Providers of supported community living.

*d.* Providers of other mental health services.

**24.5(2)** *Performance outcome evaluations system.*

*a.* There are three major sections contained in these standards: policies and procedures, organizational activities, and services. The major sections are divided into standards, with a performance benchmark and performance indicators for each standard. Each of the standards for the three sections (policy and procedures, organizational activities, and services) as set forth in rules 441—24.2(225C), 24.3(225C), and 24.4(225C) shall be reviewed.

A performance compliance level shall be determined for each benchmark based on the number of indicators present for that benchmark. Each indicator under a benchmark is assigned a percentage weight arrived at by dividing 100 percent by the number of indicators for the benchmark. Benchmark rating totals shall be added and the sum divided by the number of benchmarks to determine the section's performance rating. The performance compliance level for the benchmarks of each section shall have a potential total rating of 100 percent.

In order for a total overall rating to be established, the performance rating for policy and procedures shall be counted as 25 percent of the total, organizational activities as 25 percent of the total, and services as 50 percent of the total.

*b.* When an organization is accredited for more than one service under this chapter, staff will conduct one survey for the organization. There shall be one accreditation award for all the services based upon the lowest score of the services surveyed. At the time of the recertification visit, staff shall review the services that did not receive three-year accreditation.

When an organization subcontracts with agencies to provide services, on-site reviews shall determine if each agency meets all the requirements in this division. When an organization subcontracts with more than one agency, the length of accreditation shall be determined individually.

**24.5(3)** *Accreditation decisions.*

*a. Initial 270-day accreditation.* This type of accreditation is granted to a new organization, or to an organization not previously accredited by the division. Staff may conduct a desk audit or on-site visit to review the organization's mission, policies, procedures, staff credentials, and program descriptions.

*b. Three-year accreditation.* An organization or service is eligible for this type of accreditation if it has achieved an 80 percent or higher percent average performance compliance level. The organization may be required to develop and submit a plan of corrective action and improvement that may be monitored either by written report or on-site review.

*c. One-year accreditation.* An organization is eligible for this type of accreditation when multiple and substantial deficiencies exist in specific areas causing compliance levels with performance benchmarks and indicators to fall between the averages of 70 percent and 79 percent, or when previously required corrective action plans have not been implemented or completed. The organization must submit a corrective action plan to correct and improve specific deficiencies and overall levels of functioning. This plan shall be monitored through on-site reviews, written reports and the provision of technical assistance.

*d. Probational 180-day accreditation.* An organization is eligible for this type of accreditation in lieu of denial when the overall compliance level is from 60 to 69 percent and pervasive and serious deficiencies exist; or when previously required corrective action plans as a result of a one-year accreditation have not been implemented or completed. All deficiencies must be corrected by the time of the follow-up on-site survey at the conclusion of the provisional time period. After this survey the organization shall either be accredited for at least one year, or accreditation shall be denied. Organizations with a one- or three-year accreditation may be downgraded to the probational 180-day accreditation when one or more complaints are founded at an on-site investigation visit conducted by division staff.

*e. Denial of accreditation.*

(1) When there are pervasive and serious deficiencies that put consumers at immediate risk or when the overall compliance level falls to 59 percent or below, the division administrator is authorized to temporarily deny accreditation, based upon that determination. The action of the division administrator shall be reviewed at the next regularly scheduled commission meeting and, if approved, accreditation shall be denied.

(2) When one or more complaints are received, an investigation shall be completed and a report submitted to the commission. If any of the complaints are founded and the commission determines there is a pervasive or serious deficiency, accreditation shall be denied.

**24.5(4)** *Nonassignability.* Accreditation shall not be assignable to any other organization or provider.

**24.5(5)** *Discontinuation.*

*a.* A discontinued organization is one that has terminated the service for which it has been accredited.

*b.* Accreditation is not transferable. Any person or other legal entity acquiring an accredited facility for the purpose of operating a service shall make an application as provided herein for a new certificate of accreditation. Similarly, any organization having acquired accreditation and desiring to fundamentally alter the service philosophy or transfer to different premises must notify the division 30 calendar days before said action in order for the division to review the change and to determine appropriate action.

*c.* An organization shall notify the division of any sale or change in the business status or transfer of ownership in the business or impending closure of the accredited or certified service at least 30 calendar days before closure. The organization shall be responsible for the referral and placement of consumers, as appropriate, and for the preservation of all records.

**24.5(6)** *Application and renewal procedures.* Applying for accreditation usually constitutes the beginning of the accreditation process and the process shall continue until the commission makes final determination of the organization's accreditation status. The division shall provide Form 470-3005, Application for Accreditation, to all applicants for accreditation or renewal. An applicant for accreditation shall submit the following information.

*a.* The name and address of the applicant organization.

*b.* The name and address of the chief executive officer of the applicant organization.

*c.* The type of organization and specific services for which the organization is seeking accreditation.

*d.* The targeted population groups for which services are to be provided, as applicable.

*e.* The number of individuals in each targeted population group to be served, as applicable.

*f.* Other information related to the standards as requested by division staff.

*g.* Form 470-3005, Application for Accreditation. The organization's chief executive officer and the chairperson of the governing body shall sign this form.

**24.5(7)** *Application review.* An organization seeking accreditation shall submit a completed application, Form 470-3005, to the division. The division shall review the application for completion and request any additional material as needed. Organizations applying for first-time accreditation may be granted initial accreditation for 270 days to operate until the division completes an on-site survey.

**24.5(8)** *Survey review of organizations.* The division shall review organizational services and activities as determined by the accreditation category. This review may include on-site case record audits, administrative procedures, clinical practices, personnel records, performance improvement systems and documentation, and interviews with staff, consumers, boards of directors, or others deemed appropriate, consistent with the confidentiality safeguards of state and federal laws.

*a.* An on-site visit shall be made with the organization. The division shall not be required to provide advance notice to the provider of the on-site visit for accreditation.

*b.* The on-site survey team shall consist of designated members of the division staff. The team may include provider staff, consumers, and others deemed appropriate.

*c.* The team shall survey the organization that has applied for accreditation or that is being reviewed as determined by accreditation category and the services indicated on the accreditation application in order to verify information contained in the application and ensure compliance with all applicable laws, rules and regulations.

*d.* The accreditation survey team leader shall send a written report of the findings to the organization within 30 working days after completion of the accreditation survey.

*e.* Organizations applying for first-time accreditation shall be offered technical assistance. Following accreditation, any organization may request technical assistance from the division to bring into conformity those areas found in noncompliance with this chapter's requirements. The commission may also require that technical assistance be provided to an organization if multiple deficiencies are noted during a survey to assist in implementation of the organization's corrective action plan. Renewal applicants may be provided technical assistance as needed.

*f.* Organizations required to develop a corrective action and improvement plan shall submit it to the division within 30 working days after the receipt of a report issued as a result of the division's survey review. The corrective action plan shall include: specific problem areas cited, corrective actions to be implemented by the organization, dates by which each corrective measure shall be completed, and quality assurance and improvement activities to measure and ensure continued compliance.

*g.* The division shall prepare all documents with a final recommendation regarding accreditation to be presented at the commission meeting. The division shall mail summary reports of the on-site service review or desk review and a final recommendation concerning accreditation to all commission members on each application to be processed at the next commission meeting. If the commission approves accreditation, Form 470-3006, Notice of Action-Approval, shall be issued which states the duration of the accreditation and the services which the organization is accredited to provide. If the commission denies or revokes accreditation, Form 470-3008, Notice of Action-Denial, shall be issued which states the reasons for the denial.

*h.* The division may grant an extension to the period of accreditation for an organization if there has been a delay in the accreditation process which is beyond the control of the organization, division, or commission; or the organization has requested an extension to permit the organization to prepare and obtain approval of a corrective action plan. The division shall establish the length of the extension on a case-by-case basis.

**441—24.6(225C) Deemed status.** The commission may grant deemed status to organizations accredited by a recognized, national, not-for-profit accrediting body when the commission determines the accreditation is for similar services. Deemed status for supported community living services will also be granted to organizations that are certified under 441—subrule 77.37(14).

**24.6(1)** *National accrediting bodies.* The national accrediting bodies currently recognized as meeting division criteria for possible deeming are:

*a.* Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

*b.* The Commission on Accreditation of Rehabilitation Facilities (CARF).

*c.* The Council on Quality and Leadership in Supports for People with Disabilities (The Council).

*d.* Council on Accreditation of Services for Families and Children (COA).

The accreditation credentials of these national bodies must specify the type of organization, programs, and services that they accredit, and include targeted population groups, if appropriate.

Deemed status means that the division is accepting an outside body's review, assessment, and accreditation of an organization's functioning and services. Therefore, the accrediting body doing the review must be assessing categories of organizations and types of programs and services corresponding to those described under this chapter.

An organization that has received accreditation by deemed status is still held responsible for meeting all requirements under this chapter and all applicable state laws and regulations. When an organization that is nationally accredited requests deemed status for services not covered by the national body's standards but covered under this chapter, the accreditation for those services shall be done by the division. Technical assistance by division staff shall be provided to deemed status organizations as time permits; however, the assistance will be focused on this chapter's requirements.

**24.6(2)** *Reservations.* When deemed status is granted, the commission and the division reserve the following:

*a.* To have division staff conduct on-site focused reviews for those organizations applying for deemed status that the division has not previously accredited.

*b.* To have division staff do joint site visits with the accrediting body, attend exit conferences, or conduct focused follow-behind visits as determined to be appropriate in consultation with the national accrediting organization and the provider organization.

*c.* To be informed of and to investigate all complaints that fall under this chapter's jurisdiction and to make findings as a result of the investigation. Complaints and findings shall be reported to the national accrediting body. The complaint process outlined in this chapter shall be followed.

*d.* To review and act upon deemed status under the following circumstances: when complaints have been founded, when focused reviews find instances of noncompliance with this chapter's requirements, when the national accreditation status of the provider expires without renewal, or when the organization's status is downgraded or withdrawn by the national accrediting body.

*e.* To have division staff conduct either focused or full surveys in instances in which the national body has accredited the organization for less than the maximum time period.

**24.6(3)** *Application for deemed status.* To apply for deemed status, the organization shall:

*a.* Submit Form 470-3331, Application for Deemed Accreditation, and copies of the latest survey report and accreditation certificate, documentation of specific programming policies and procedures for populations being served, and credentials for staff providing services to populations served.

*b.* Sign Form 470-3332, Letter of Agreement, and submit it to the division.

**24.6(4)** *Requirements for deemed status.* To be eligible for deemed status, the organization shall:

*a.* Be currently accredited by a recognized national accrediting body for services that are defined under this chapter, or

*b.* Be currently accredited under 441—subrule 77.37(14) for supported community living under the home- and community-based waiver. If consumers with mental illness are served, the provider must submit verification of the training and credentials of the staff to show that the staff can meet the needs of the consumers they serve.

*c.* Require the supported community living staff to have the same supervisor as the HCBS/MR program.

*d.* Require staff for the program being deemed to have the training and credentials needed to meet the needs of the person served.

**24.6(5)** *Granting of deemed status.* When the commission grants deemed status, the accreditation period shall coincide with the time period awarded by the national accrediting body or the certification for home- and community-based services. Under no circumstances shall accreditation be made for longer than three years.

**24.6(6)** *Continuation of deemed status.* The following documentation shall be submitted to the division to continue deemed status:

*a.* A copy of the application for renewal shall be sent to the division at the same time as application is made to a national accrediting body.

*b.* For organizations deemed for supported community living under the home- and community-based services (HCBS) waiver, HCBS staff shall furnish the division copies of the letter notifying a provider of a forthcoming recertification.

*c.* Following the on-site review by a national accrediting body, the organization shall send the division a copy of the cover sheet and national accrediting body report within 30 calendar days from the date that the organization receives the documents. If a corrective action plan is required, the organization shall send the division a copy of all correspondence and documentation related to the corrective action.

*d.* HCBS staff shall furnish the division with copies of HCBS certification reports and any corrective action required by HCBS within 30 calendar days after HCBS staff complete the report or the organization completes required corrective action.

**441—24.7(225C) Complaint process.** The division shall receive and record complaints by consumers, employees, any interested persons, and the public relating to or alleging violations of applicable requirements of the Iowa Code or rules adopted pursuant to the Code.

**24.7(1)** *Submittal of complaint.* The complaint may be delivered personally or by mail to the MH/DD Division, Department of Human Services, Fifth Floor, Hoover State Office Building, Des Moines, Iowa 50319-0114, or by telephone at (515)281-5874.

*a.* Consumers shall be assisted as needed or requested in making a complaint.

*b.* The information received should specifically state the basis of the complaint.

**24.7(2)** *Review of complaint.* Upon receipt of a complaint, the division shall make a preliminary review of the complaint. If the division concludes that the complaint is reasonable, has merit, and is based on a violation of rules in this chapter, it may make an on-site review of the organization (with approval of either the division administrator or designee or the commission) which is subject to the complaint. The on-site review does not require advance notice to the organization.

**24.7(3)** *Decision of division.* The division shall determine an appropriate response which may include, when approved by the administrator or designee, an on-site investigation. The decision and action shall be made in a timely fashion to preserve the availability of witnesses and avoid beginning an investigation under conditions which may have been significantly altered since the period with which the complaint is concerned. If a decision is made to conduct an on-site investigation, the chief executive officer and board chairperson of the organization involved shall, before or at the commencement of the on-site investigation, be notified that the division has received a complaint.

*a.* The organization shall be given an opportunity to informally present a position regarding allegations in the complaint. The position may be submitted in writing or presented in a personal conference with division staff.

*b.* A written report shall be submitted by certified mail to the chief administrative officer of the organization and the chairperson of the board of directors within 20 working days after completion of the investigation.

*c.* The report shall indicate whether the complaint was or was not substantiated, the basis for the substantiation or nonsubstantiation, the specific rules violated, and a recommendation for corrective action with time lines specified in the report.

*d.* The date of delivery shown by the certified mail stub shall constitute date of official notice.

**24.7(4)** *Review by commission.* To the extent allowed by Iowa Code section 21.5, the commission may review the complaint and investigation report in a closed meeting.

*a.* If the complaint is founded, the commission may take actions deemed appropriate, which may include downgrading or suspending or revoking an organization's accreditation status, depending on the severity of the substantiated complaint.

*b.* The action taken by the commission shall be voted upon in the reconvened public meeting part and entered into the official record of commission minutes.

*c.* The complainant and the organization shall be informed of the findings and actions taken by the commission.

**24.7(5)** *Corrective action plan.* If the complaint is substantiated, the organization may be expected to submit a corrective action plan to the division within 20 calendar days after receiving the commission's decision. This plan must respond to violations cited and commission requirements, and include time lines, internal monitoring systems, and performance improvement planning. Failure of the organization to respond to the report may of itself constitute the basis for revocation or suspension of accreditation. The organization shall be notified if any action is taken.

**441—24.8(225C) Appeal of survey report.**

**24.8(1)** *Review by the department.* When an organization does not agree with the results or content of an accreditation report, it may request a review of the report. This request shall be made in writing within 30 calendar days from the date of the report to MH/DD Division, Bureau Chief of Quality Assurance and Support, Department of Human Services, Hoover State Office Building, Fifth Floor, Des Moines, Iowa 50319-0114. A meeting shall be set up between organization staff and the division for clarification of the report findings within 30 calendar days of the date of the organization's letter requesting a review of the report.

*a.* The division shall send a letter to the organization within 15 calendar days from the date of the meeting notifying the organization if any changes were made in the report or corrective action plan.

*b.* Services to the consumers shall continue in accordance with 441—Chapter 24 until the review is completed.

**24.8(2)** *Review by the commission.* If the organization is not satisfied with the decision of the division, it may request a review of accreditation reports and accreditation recommendations by the commission. This request shall be made in writing within 30 calendar days from the date of the decision to the MH/DD Commission, MH/DD Division, Department of Human Services, Hoover State Office Building, Fifth Floor, Des Moines, Iowa 50319-0114.

*a.* The request must be received by the division a minimum of 15 calendar days before the next commission meeting to be put on the agenda. Requests received less than 15 calendar days before the next commission meeting will be put on the agenda for the next commission meeting. The division shall send the organization a copy of the agenda. The organization may choose to come to the commission meeting for a verbal presentation.

The commission shall make a formal motion on the request that will become part of the minutes. The division shall notify the organization of the commission's decision within five working days of the meeting.

*b.* Services to the consumers shall continue in accordance with 441—Chapter 24 until the review is completed.

**24.8(3)** *Appeal procedure.* If the organization completed all the review procedures set forth in subrules 24.8(1) and 24.8(2) and is dissatisfied with the decision of the commission, it may file an appeal with the department pursuant to 441—Chapter 7. Written request for an appeal shall be made to Appeals Section, Department of Human Services, Hoover State Office Building, Fifth Floor, Des Moines, Iowa 50319-0114, within 30 calendar days of the written decision from the division.

Appeals filed prior to completion of all review procedures will be deemed premature and denied hearing.

**441—24.9(225C) Exceptions to policy.** Exceptions to policy shall follow the policies and procedures in the department's general rule on exceptions to policy at rule 441—1.8(217). The mental health and developmental disabilities commission shall make a recommendation to the director on whether the exception shall be approved.

These rules are intended to implement Iowa Code chapter 225C.

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